



University of Massachusetts Lowell
Division of Graduate, Online &
Professional Studies

PROJECT MANAGEMENT TRAINING
NON-CREDIT CERTIFICATE AWARD PETITION

Date Submitted:

Name:

Position/Title:

Home Address (Street)

Phone:

(City, State and Zip)

Email:

Company Name:

Company Address: (City, State and Zip)

SEMINARS COMPLETED FOR CERTIFICATE (Check)

Project Management Certificate

Required Seminars (3)

- | | |
|--|-----------------------|
| <input type="checkbox"/> Project Management: Planning & Scheduling | Date Completed: _____ |
| <input type="checkbox"/> Project Management: Resources and Budgeting | Date Completed: _____ |
| <input type="checkbox"/> Risk Management | Date Completed: _____ |

Elective Seminars (Choose 3)

- | | |
|--|-----------------------|
| <input type="checkbox"/> Microsoft® Project 2019 | Date Completed: _____ |
| <input type="checkbox"/> Project Management Book Camp | Date Completed: _____ |
| <input type="checkbox"/> Negotiation Skills | Date Completed: _____ |
| <input type="checkbox"/> Project Management Fundamentals for Researchers | Date Completed: _____ |
| <input type="checkbox"/> Communication Skills | Date Completed: _____ |
| <input type="checkbox"/> Conflict Resolution | Date Completed: _____ |
| <input type="checkbox"/> Procurement & Contract Management | Date Completed: _____ |

Advanced Project Management Certificate

Required Seminars (Choose 4)

- | | |
|---|-----------------------|
| <input type="checkbox"/> Agile & Scrum Training | Date Completed: _____ |
| <input type="checkbox"/> Stakeholder Management | Date Completed: _____ |
| <input type="checkbox"/> Critical Thinking for Project Managers | Date Completed: _____ |
| <input type="checkbox"/> Statistical Analysis & Decision Making | Date Completed: _____ |
| <input type="checkbox"/> Total Project Control Team Case Study | Date Completed: _____ |

Complete form and email to corporate_education@uml.edu

For additional information contact Jacqueline White at 978-934-5386